

BUILDING AN AGING & DISABILITY RESOURCE CENTER

When planning for an ADRC, it is important to bring together the leadership of potential **partners**, being certain to include representative citizen members. Include members of the Commission/Committee on Aging, LTS Planning Committee, local groups representing individuals with disabilities such as Independent Living Centers, representatives from county agencies: aging, human/social service departments, public health and veterans, as well as public employees and elected officials.

Planning Matrix Core Services of the Aging and Disability Resource Center Organization

INFORMATION AND ASSISTANCE	FINANCIAL & FUNCTIONAL ELIGIBILITY	ELDERLY AND DISABILITY BENEFIT COUNSELING
LONG-TERM CARE OPTIONS COUNSELING	EMERGENCY REFERRALS	OUTREACH AND MARKETING
SHORT-TERM CARE MANAGEMENT	ADULT PROTECTIVE SERVICES/ELDER ABUSE	HEALTH PROMOTION, PREVENTION, EARLY INTERVENTION

Start by “mapping” your community assets. Using the grid above, identify which agencies currently carry out all or some of the identified functions for the general population. List the existing financial resources supporting these activities. Then identify the gaps in human or financial resources to carry out all functions for all populations.

SERVICES: Identify other complementary services currently being provided by existing agencies, e.g. transportation, services to family caregivers, etc. Determine if any of these services would naturally fit into the proposed ADRC structure.

STAFFING PLAN: Identify staff currently carrying out the functions identified with an ADRC. Review the qualifications needed including those necessary to obtain certification to perform functional screens. Identify eligibility functions that must be performed by public employees. Determine where there are gaps that would require additional staff or specialized training. Identify current roles and responsibilities and any areas where conflicts of interest might be present in the new organization structure.

BUDGET: Using the information gathered about existing services and staff, identify areas that would require additional funding, e.g. money to hire and support a disability benefit specialist, money to provide short-term care consultation, additional money for Information and Assistance (I & A) and marketing/outreach. Consider travel costs for visiting homes of customers to conduct functional screens or options counseling. Consider the use of laptops or handheld computers for efficiency of data collection. Prepare a budget estimate for the operation of the ADRC.

As part of the budget exercise, examine different resources currently available within agencies, software currently available to agencies and dollars earmarked for services provided, for example: I&A client tracking software (Beacon) available at aging agencies, or computers in use for web based application of functional screen.

GOVERNANCE: Propose the governance structure of the ADRC, including elected officials and consumer representatives. Consider how to establish sufficient independence from a managed care organization, and how to support the advocacy and privacy needs of benefit specialists. Consider how to involve provider organizations without compromising objectivity of I&A and options counseling. Take into consideration existing regulations regarding consumer representation when developing organizational structure. Determine organizational structure, identifying management and staffing patterns. Plan accountability for quality in both operations and in the governance/oversight structure. The governing body should recommend the individual (or personnel classification) to assume responsibility (or be hired) as overall director/manager/coordinator of all ADRC operations. (Especially when ADRC functions occur in more than one location or agency, it is important to have an overall coordinator or manager with sufficient authority to maintain quality processes in an ADRC)

INTERAGENCY AGREEMENTS: In order to effect timely, streamlined and transparent referrals for core services provided by staff or units that are not part of the ADRC, develop highly detailed memoranda of agreement and chart business processes with those entities. An essential agreement is with economic support to ensure that access to Medicaid and other public benefits is as streamlined as possible for consumers. Other agreements are necessary to effect referrals for abuse investigations, adult protective services, and law enforcement in response to emergency calls for protection, and protocols for referring mental health or substance abuse crisis calls.

LOCATION OF ADRC: Space is one of the final considerations in a planning process. Location of the Aging and Disability Resource Center should reflect the needs indicated in the operating plans. The ADRC is a distinct organization with a unique mission that should be visible and accessible to the general public. Most of the customers of an ADRC will make contact by telephone. Nevertheless, members of the public will approach the ADRC offices. Therefore, the location should be visible, with adequate parking, good signage and a welcoming entrance. Staff conducting confidential business with clients requires privacy, and benefit specialists require both private office space and locked files. Staff may be in different locations to improve customer service. Ideally, an ADRC will be located where there is additional space available for related activities, such as services to blind older people, deaf coordinators, or employment benefits counselors.